

DOD medical research has also made direct contributions to the understanding and treatment of medical conditions that uniquely or acutely affect those who serve. In addition to the research on gulf war illness, servicemembers and veterans who suffer from traumatic brain injury, tinnitus, or vision problems know that they can receive the most advanced treatment possible thanks to this medical research. DOD medical research is also finding biomarkers to better treat mental illness, so individual servicemembers do not have to go through the trial and error of being prescribed psychotropic medications that may or may not be effective for them. These research programs are helping to provide a better quality of life for those who have recently served in Iraq and Afghanistan.

For a number of years now, some in Congress have made the argument that this program does not belong at the Department of Defense, suggesting that these programs are duplicative and that this funding should be spent elsewhere. In fact, the medical research done at the Department of Defense is complementary to and coordinated with the research done at NIH, and other Federal agencies including the Department of Veterans Affairs. While the medical research done at DOD and NIH may have overlapping goals, including many research grants that have been jointly funded, CDMRP has a different mandate, uses different criteria in selecting grants, and uses a unique two-tiered review process that assures high quality of research.

I simply say to those critics of the program, the outcomes speak for themselves. Any suggestion that I believe this program should have been created elsewhere or should be moved is incorrect, and I want to make sure the RECORD is clear on this point.

I thank my colleagues on the Defense Appropriations Subcommittee, Chairman DURBIN and Ranking Member COCHRAN, and the chair and ranking member of the Appropriations Committee, Senator MIKULSKI and Senator SHELBY, for providing \$1.55 billion in funding for these critical and successful medical research programs in Fiscal Year 2014. I look forward to many more years of breakthrough medical research conducted by the DOD that will directly address the needs of our military members and that will have broad application to millions of Americans.

MENTAL EXERCISES FOR SENIORS

Mr. NELSON. Mr. President, today I wish to call attention to the ACTIVE, or Advanced Cognitive Training for Independent and Vital Elderly, study on mental exercises for seniors. The study, conducted by researchers at the University of Florida College of Public Health and Health Professions, showed that older adults who receive cognitive training can significantly improve their reasoning and mental processing

skills. Elderly patients were coached and assessed in memory, reasoning, and processing speed at baseline. The study participants were then reassessed at intervals of 2, 3, 5, and 10 years. The result was that participants who received cognitive training reported significantly less difficulty with activities of daily living. Most patients achieved improved reasoning and mental processing speed at the end of the study, the results of which may be found in the January 13 online issue of the *Journal of the American Geriatrics Society*.

These results echo findings from Senate Special Committee on Aging in its recent work on improving quality of life for seniors who suffer from Alzheimer's and dementia. The Committee's 2012 report, entitled "Alzheimer's Disease and Dementia: A Comparison of International Approaches," stated that "individuals who are cognitively active—such as individuals who regularly read or do crossword puzzles—are at a lower risk of developing mild cognitive impairment (MCI)—an early symptom of dementia and AD, Alzheimer's disease—because they have increased cognitive reserve."

The Senate Special Committee on Aging is also committed to embracing innovative brain health care advances for seniors. During our committee's recent Healthy Aging Forum, various groups invested in senior health care shared novel ideas for better mental health care and quality of life. These included research and medical technology devices that sharpen senior memory, thinking, and cognitive processing skills. Among these were Microsoft Kinect software, which uses cognitive and mental diagnostic, rehabilitative, and routine mental game-based exercises to help improve senior brain health and fine motor skills. Loneliness, which adversely impacts brain health and increases risk for dementia in seniors, can be minimized by engaging seniors with the GeriJoy avatar—also showcased at the Healthy Aging Forum—an interactive virtual pet companion that strengthens seniors' mental capabilities by providing opportunities for meaningful interaction.

The University of Florida Institute on Aging, another invited exhibitor at the Senate Health Aging Forum, is currently conducting a LIFE, Lifestyle Interventions and Independence for Elders, study in which the effect of physical activity and/or aging health education on senior mobility and independence are being assessed. Cognitive function and impairment are also being examined as a part of the study.

The Senate Special Committee on Aging has conducted numerous hearings on Alzheimer's in recent years, coinciding with my cosponsorship of the HOPE for Alzheimer's Act, S.709/H.R.1507, which will improve diagnosis and care planning services for patients with Alzheimer's. A panel of witnesses from the government, academia, and the Alzheimer's Association discussed

recent advancements in these areas in an April 2013 hearing entitled, "The National Plan to Address Alzheimer's Disease: Are We On Track to 2025?" An updated 2013 version of the national plan also highlights anticipated milestones in prevention of the disease. Lifestyle modifications and identification of Alzheimer's and dementia risk factors are included as part of the plan.

I have long been a tireless advocate in the fight against Alzheimer's and dementia. As the chairman of the Senate Special Committee on Aging, I am committed to doing whatever I can to ensure the health and well-being of our seniors. Although much progress has been made, we still have a long way to go in ensuring the best possible quality of life for Americans in their later years.

ADDITIONAL STATEMENTS

TRIBUTE TO LIEUTENANT COLONEL CATHERINE M. BLACK

• Mr. KIRK. Mr. President, I rise to pay tribute to my constituent LTC Catherine M. Black for her exemplary dedication and service to the United States Army and to the United States of America. She has served for the last 2 years as a congressional budget liaison for the Secretary of the Army.

A native of Chicago, IL, Lieutenant Colonel Black enlisted in the Army in the summer of 1994. She was selected as the Soldier of the Year at Fort Gordon, GA, and was subsequently selected for the Officer Candidate School, earning a commission as a finance officer in April 1997.

Lieutenant Colonel Black has served in a broad range of duty stations and assignments over her two decades of service. As a Lieutenant, she served as a disbursing officer in a finance group at Fort Bragg, NC. This culminated in a rotation through the U.S. Army Forces Center in Doha, Qatar. Following the horrific attacks on September 11, 2011, she provided financial management services during the ground invasion in support of Operation Enduring Freedom.

As a Captain, Catherine Black served as a finance detachment commander and battalion operations officer at Fort Richardson, AK, and later as a financial management operations officer at Fort Belvoir, VA. After promotion to major, she commanded the 126th Financial Management Unit for a year and a half, while simultaneously serving as the Battalion Executive Officer for the Special Troops Battalion, 1st Sustainment Brigade at Fort Riley, KS. She trained and deployed her three financial management detachments to both Iraq and Afghanistan. She then deployed her headquarters to Kandahar, Afghanistan and stood up financial operations throughout southern Afghanistan. There she provided finance support to joint and coalition